

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>1/4/05</u>		2 Serial/Patent # <u>10/631,029</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Petition</td><td></td><td>9/21/04</td><td>\$ 130.00</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$	<input checked="" type="checkbox"/>	Petition		9/21/04	\$ 130.00		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Overpayment</td><td rowspan="3" style="width: 15%; vertical-align: middle; text-align: center;"> <input checked="" type="checkbox"/> </td> <td colspan="2" style="width: 35%;">8 TO BE REFUNDED BY:</td> </tr> <tr><td></td><td>Duplicate Payment</td><td colspan="2">Treasury Check</td> </tr> <tr><td><input checked="" type="checkbox"/></td><td>No Fee Due (Explanation):</td> <td colspan="2" style="padding: 5px;">           Credit Deposit A/C #:            9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> </td> </tr> </table>			Overpayment	<input checked="" type="checkbox"/>	8 TO BE REFUNDED BY:			Duplicate Payment	Treasury Check		<input checked="" type="checkbox"/>	No Fee Due (Explanation):	Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>		0	4	--	1	4	2	0	Filing date petition granted																																
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11 REFUND REQUESTED BY: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																																						
TYPED/PRINTED NAME: <u>Cliff Congo</u>		TITLE: <u>Attorney</u>																																																				
SIGNATURE: <u>Cliff Congo</u>		PHONE: <u>571-272-3207</u>																																																				
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY:																																																						
APPROVED: <u>Alicia Kelle</u>		DATE: <u>4/4/05</u>																																																				

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

09-22-04

DAG  
TFW

Docket: 28575/US/US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	Rajinder Singh	
Appln. No.:	10/631,029	
Filing Date:	July 29, 2003	Examiner: Unknown
Title:	Methods for Treating or Preventing Diseases with 2,4-Pyrimidinediamine Compounds	Group Art Unit: 1632

## PETITION UNDER 37 CFR 1.182

Mail Stop **MISSING PARTS**  
 Commissioner for Patents  
 P. O. Box 1450  
 Alexandria, VA 22313-1450

Express Mail mailing label number: EV 533898369 US  
 Date of Deposit: September 21, 2004

I hereby certify that this document or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kim Anderson

Name

Signature

Dear Sir:

Pursuant to 37 C.F.R. 1.182 Applicant hereby requests that the above identified nonprovisional patent application be corrected by addition of pages 767-770. Enclosed is a copy of the return receipt postcard received August 19, 2003 from the United States Patent and Trademark Office indicating 785 pages of the specification, claims and abstract were received by the United States Patent and Trademark Office.

Also, it is my practice to review the entire application and count every page before it is mailed to the United States Patent and Trademark Office, on July 29, 2003 I personally counted every page of the application to confirm that all material was included in the application. I have included a copy of pages 767-770 as previously supplied to you as noted above.

Applicant respectfully requests that pages 767-770 be added to your system to make to our application complete for the filing of Application Serial No. 10/631,029 filed July 29, 2003.

09/23/2004 HAL111 00000019 10631029

01 FC:1460

130.00 0P

Adjustment date: 04/04/2005 AKELLEY  
 09/23/2004 HAL111 00000019 10631029  
 01 FC:1460 -130.00 0P

Repin. Ref: 04/04/2005 AKELLEY 0000194800  
 DAH:041420 Name/Number:10631029  
 FE: 9204 \$130.00 CR

Enclosed is a check in the amount of \$130.00 for the petition fee (37 CFR 1.17(h)). The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account 04-1420

Date: September 21, 2009

Respectfully submitted,  
DORSEY & WHITNEY LLP

Customer Number 25763

By: Scott D. Rothenberger

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